

Budget Amendment Request Form

For Budget Office Use Only

Date of Request: June 5, 2015

From: Animal Services/Misty Brown/ 7293
(Department Name / Contact Name / Phone)

____ Court ____ Non-Court

FY ____ Seq. No. ____

Approved by: ____ Date: ____

Budget Account to Receive Budget Amendment: _____ New X Existing

Project Code to Receive Amendment: _____ New _____ Existing

TO Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>510-8302-645.65-83</u>	<u>Spay/Neuter Clinic/Animal Care</u>		<u>\$8,229.00</u>
_____	_____	_____	_____
_____	_____	_____	_____
TO Total:			<u>\$8,229.00</u>

FROM Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>510-0000-251.00-00</u>			<u>\$8,229.00</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
FROM Total:			<u>\$8,229.00</u>

Purpose for Request:

Funding from donations received and deposited from May 12, 2015 to June 4, 2015 that is needed for the low income spay/neuter clinic be accepted and transferred.

Elected Official / Department Head